

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025411

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 19 1963

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Fort Leonard Wood

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

US Army Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pulaski

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Fort Leonard Wood

d. STREET
ADDRESS(If outside, give location)
12 Sibert Lane

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
Walter

Middle

B.

Last
Greene4. DATE
OF
DEATH

Month

Day

Year

June 6

1963

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

Widowed ☒

8. DATE OF BIRTH

10 Jun 89

9. AGE (last birthday)

73

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unknown

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Bakersville, N.C.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Greene

13b. MOTHER'S MAIDEN NAME

Elizabeth -

14. NAME OF HUSBAND OR WIFE

Lottie Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

Yes

17. INFORMANT

Lottie Greene Waynesboro, Va.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARDIAC STANDSTILL

ARTERIOSCLEROTIC HEART DISEASE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

OLD MYOCARDIAL INFARCTION

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour, a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5 June 1963 to 6 June 1963 and last saw him alive on 6 June 1963

Death occurred at 5:18 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles E. Greene Lt Col, M.C.

22b. ADDRESS

US Army Hospital
Fort Leonard Wood, Missouri

22c. DATE SIGNED

6 Jun 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

June 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Rolla Cemetery

23d. LOCATION (City, town, or county)

Rolla, Missouri

24. FUNERAL DIRECTOR

Null & Son Funeral Home
By Paul E. Null Rolla

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-7-63

26. REGISTRAR'S SIGNATURE

Paula Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10850

20850

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94200

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12-0

131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.